

# APPLICATION FOR EMPLOYMENT

## State of North Carolina

### INSTRUCTIONS TO APPLICANTS

TO BE CONSIDERED FOR STATE EMPLOYMENT, YOU MUST ANSWER ALL QUESTIONS AND COMPLETE ALL SECTIONS OF THIS APPLICATION FORM.

THE STATE EMPLOYS ONLY US CITIZENS OR ALIENS WHO CAN PROVIDE PROOF OF IDENTITY AND WORK AUTHORIZATION WITHIN 3 WORKING DAYS OF EMPLOYMENT. MALES SUBJECT TO MILITARY SELECTIVE SERVICE REGISTRATION MUST CERTIFY COMPLIANCE TO BE ELIGIBLE FOR STATE EMPLOYMENT (G.S. 143B-421.1). SEE AVAILABILITY BLOCK.

### WHEN COMPLETING THIS APPLICATION, PLEASE MAKE SURE YOU

COMPLETE THE SECTION FOR EQUAL OPPORTUNITY INFORMATION.

APPLY FOR ONE VACANCY PER APPLICATION.

GIVE COMPLETE INFORMATION ON YOUR EDUCATION AND WORK HISTORY ("SEE RESUME" IS NOT ACCEPTABLE).

LIST SEPARATELY EACH JOB HELD AND YOUR DUTIES FOR EACH POSITION WHEN YOU WORKED FOR ONE EMPLOYER AND HELD MORE THAN ONE POSITION.

CHECK FOR ACCURACY, SIGN AND DATE YOUR APPLICATION.

THANK YOU FOR YOUR INTEREST IN STATE GOVERNMENT. NORTH CAROLINA WANTS TO FIND THE BEST QUALIFIED PEOPLE AVAILABLE TO SERVE ITS CITIZENS. ALTHOUGH EVERYONE WHO APPLIES CANNOT BE HIRED, YOUR APPLICATION WILL BE GIVEN EVERY CONSIDERATION.

### Equal Opportunity Information

State Government policy prohibits discrimination based on race, sex, color, creed, national origin, age or disability. Sex, age or absence of disability is a bona fide occupational qualification in a small number of State jobs. The information requested below will in no way affect you as an applicant. Its sole use will be to see how well our recruitment efforts are reaching all segments of the population.

#### Date of Birth

01 07 YY  
(Month) (Day) (Year)

#### Gender

☐  
Male

☒  
Female

**DISABILITY:** "Disability means, with respect to an individual: (1) a physical or mental impairment that substantially limits one or more of the major life activities of such individual; (2) a record of such an impairment; or (3) being regarded as having such an impairment" (Americans with Disabilities Act of 1990). Persons without a disability should check item A. The reporting of a **disability is strictly VOLUNTARY**. Persons with disabilities who **DO NOT WISH** to report their disabilities should check item A. Information reported on this form will be kept confidential as required by State law. Public disclosure of this information without your consent would be a violation of G.S. 126-27.

#### ETHNIC GROUP

1. ☐ White (non-Hispanic)
2. ☒ Black (non-Hispanic)
3. ☐ Hispanic (Mexican, Puerto Rican, Cuban, Central or South American, other Spanish origin regardless of race)
4. ☐ Asian (including Pacific Islander)
5. ☐ American Indian (including Alaskan native)

- A ☒ None/Prefer not to report
- B ☐ Blind or severely visually impaired
- C ☐ Deaf or severely hearing impaired
- D ☐ Loss of limited use of arms and/or hands
- E ☐ Non-ambulatory (must use wheelchair)
- F ☐ Other orthopedic impairment (including amputation, arthritis, back injury, cerebral palsy, spina bifida, etc.)

- G ☐ Respiratory impairment
- H ☐ Nervous system/Neurological disorder
- I ☐ Mentally restored
- J ☐ Mental retardation
- K ☐ Learning disability
- L ☐ Others (heart disease, diabetes, speech impairment)
- M ☐ Other (please specify)

|   |   |                                     |  |  |  |                                 |                         |
|---|---|-------------------------------------|--|--|--|---------------------------------|-------------------------|
| <b>APPLICATION FOR EMPLOYMENT</b><br>(SSN Voluntary, for Record Keeping and Data Processing Only)   |   |                                     |  | <b>STATE OF NORTH CAROLINA</b>   |  | Date of Application<br>MM/DD/YY |                         |
| Social Security Number<br>444-44-5555   |   | Last Name<br>Amos                   |  | First Name<br>Donna  |  | Middle Name<br>Denise           |                         |
| Address (Street number and name)<br>302 Quail Street  |   |                                     |  | City<br>Fuquay-Varina  |  | County<br>Wake                  |                         |
| State<br>North Carolina   |   | Zip Code<br>27526                   | Phone (Home or where you can be reached)<br>(919) 567-5555 |  | Business Phone<br>(919) 715-4444   |                                 |                         |
| <b>Availability</b><br>Do you now work for the State of NC?<br><input type="checkbox"/> YES <input checked="" type="checkbox"/> NO  | Are you related by blood or marriage to any person now working for the State <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO<br>If yes, give name, relationship to you and the agency where employed. |                                     |  |  | If subject to Military Selective Service registration, certify compliance by initialing dotted line<br>..... |                                 |                         |
| <b>Military Service</b><br>Have you served honorably in the Armed Forces of the United States on active duty for reasons other than training? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO<br>Do you wish to declare a service-connected disability? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO<br>At the time of this application, are you the surviving spouse or dependent of a deceased veteran who died from service-related reasons? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO<br>Do you wish to declare eligibility for veterans preference as the spouse of a disabled veteran? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO<br>Give dates of your (or spouse's) qualifying active military service:<br>Entered: _____ Separated: _____ Branch: _____ Rank _____<br>Are you a member of the Military Reserves? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO Branch: _____ Rank: _____ |   |                                     |  |  |  |                                 |                         |
| <b>AGENCY USE ONLY: ELIGIBILITY FOR VETERAN'S PREFERENCE:</b> <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO   |   |                                     |  |  |  |                                 |                         |
| CHECK the types of work you will accept: <input checked="" type="checkbox"/> 1. Permanent full-time <input type="checkbox"/> 2. Permanent part-time <input type="checkbox"/> 3. Temporary full-time <input type="checkbox"/> 4. Temporary part-time<br><input type="checkbox"/> 5. Any of the preceding <input type="checkbox"/> 6. Work involving Travel <input type="checkbox"/> 7. Shift or Split Shift Work<br>If you are not available for work now, enter the earliest date you could begin work (mo/day/yr.) _____<br>Will you accept work anywhere in N.C.? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO (If no, list below the counties in which you would be willing to work.)<br>1. Wake 2. Durham 3. 4. 5.   |   |                                     |  |  |  |                                 |                         |
| <b>Jobs Applied For</b><br>Enter below the specific title(s) of the job(s) for which you are applying. Please list no more than three on this application.<br>1. Processing Asst. IV 4462-2150-0000-339 2. Patient Relations Rep. V 4462-2420-0000-075 3.   |   |                                     |  |  |  |                                 |                         |
| <b>Referral Source</b><br>Please indicate your referral source: _____<br>If you were referred by the Employment Security Commission (Job Service) please indicate which local office: _____   |   |                                     |  |  |  |                                 |                         |
| <b>Education</b><br>Circle highest grade completed: 1 2 3 4 5 6 7 8 9 10 11 12 GED College 1 (2) 3 4 Graduate School 1 2 3 4<br>Under S/Q Hrs., list the hours of credit received and if they were semester (S) or quarter (Q) hours.   |   |                                     |  |  |  |                                 |                         |
| Schools   | Name and Location   | Dates Attended (mo/yr)<br>From: To: |  | Grad?  | S/Q Hrs.   | Major/Minor Course Work         | Type of Degree Received |
| High School   | Mount Pleasant Rhode Island   | MM/YY                               | MM/YY  | YES <input checked="" type="checkbox"/><br>NO <input type="checkbox"/>   |  |                                 |                         |
| College(s)<br>University (s)  | Community College of Rhode Island   | MM/YY                               | MM/YY  | YES <input type="checkbox"/><br>NO <input checked="" type="checkbox"/>   |  | Liberal arts                    | A/A                     |
| Graduate or Professional  |   |                                     |  | YES <input type="checkbox"/><br>NO <input type="checkbox"/>  |  |                                 |                         |
| Other educational, vocational school, internships, etc.   | Rhode Island School of Electronic   |                                     |  | YES <input checked="" type="checkbox"/><br>NO <input type="checkbox"/>   |  | Digital Technician              | Associate               |
| Special training programs and seminars you have completed in the last five years (list):<br>National Association of Housing and Redevelopment Official – Certified Public Housing Manager   |   |                                     |  |  |  |                                 |                         |
| If the job(s) applied for calls for specific courses, indicate those courses taken and credits received:<br>Computer courses – Excel, Word, PowerPoint, Lotus 1,2,3   |   |                                     |  |  |  |                                 |                         |
| Current professional status: (List fields of work for which you have been registered)<br>Registration: _____ State: _____ No. _____<br>Registration: _____ State: _____ No. _____   |   |                                     |  |  |  |                                 |                         |
| Membership in professional, honorary, or technical societies (list):  |   |                                     |  | <b>DO NOT COMPLETE THIS BLOCK</b>  |  |                                 |                         |
|   |   |                                     |  | DEGREES AND PROFESSIONAL CREDENTIALS<br><input type="checkbox"/> Have been verified<br><input type="checkbox"/> Will be verified within 90 days (G.S. 126-30)<br>Person Responsible: |  |                                 |                         |



|   |  |  |   |  |   |               |
|---|--|--|---|--|---|---------------|
| <b>STATE OF NORTH CAROLINA</b><br>An Equal Opportunity/Affirmative Action Employer  |  |  | Social Security Number<br><b>444-44-5555</b>  |  | Last Name<br><b>Amos</b>                          |               |
| Employer:<br><b>Pawtucket Housing Authority</b>   |  |  | Address:<br><b>Broad Street, Central Falls, Rhode Island</b>  |  |   |               |
| Job Title:<br><b>Assistant Manager</b>  |  |  | Supervisor's Name<br><b>Reginald Rams</b>   |  | Telephone Number<br><b>401-727-6266</b>           |               |
| Date Employed (mo/yr)<br><b>MM/yy</b>   |  |  | Starting Salary<br><b>\$9</b> per hr  |  | Ending Salary<br><b>\$14</b> per hr               |               |
| Date Separated (mo/yr)<br><b>MM/YY</b>  |  |  | Reason for Leaving<br><b>moved out of state</b>   |  | No. Supervised by you:<br><b>4</b>                |               |
| Full Time    Years    Months<br><b>10</b> <b>4</b>  |  |  | List major duties in order of their importance in the job:<br><b>Leased units, verify all incomes and computing all tenants rent annually or interim. Prepared accounts receivable reports. Responsible for sending non-compliance to tenants when in violation of lease. Assign tasks to line staff.</b> |  |   |               |
| Part Time    Years    Months  |  |  |   |  |   |               |
| If part time, number of hours worked per week:  |  |  |   |  |   |               |
| Employer:<br><b>Rhode Island Group Health</b>   |  |  | Address:<br><b>530 North Main Street, Providence, Rhode Island</b>  |  |   |               |
| Job Title:<br><b>Receptionist</b>   |  |  | Supervisor's Name<br><b>Nancy Carlotti</b>  |  | Telephone Number<br><b>401/331-3000</b>           |               |
| Date Employed (mo/yr)<br><b>MM/YY</b>   |  |  | Starting Salary<br><b>\$7.50</b> per hr.  |  | Ending or Current Salary<br><b>\$8.50</b> per hr. |               |
| Date Separated (mo/yr)<br><b>MM/YY</b>  |  |  | Reason for Leaving<br><b>better job opportunity</b>   |  |   |               |
| Full Time    Years    Months<br><b>1</b> <b>11</b>  |  |  | List major duties in order of their importance in the job:<br><b>Answer multi-line phones, scheduling, appointments and requesting lab work results for the physicians.</b>   |  |   |               |
| Part Time    Years    Months  |  |  |   |  |   |               |
| If part time, number of hours worked per week:  |  |  |   |  |   |               |
| Employer:<br><b>Blue Cross Blue Shield</b>  |  |  | Address:<br><b>1 Weybossett Street, Providence, Rhode Island</b>  |  |   |               |
| Job Title:<br><b>Claim Examiner</b>   |  |  | Supervisor's Name<br><b>Debbie</b>  |  | Telephone Number<br><b>N/A</b>                    |               |
| Date Employed (mo/yr)<br><b>MM/YY</b>   |  |  | Starting Salary<br><b>\$6</b> per hr  |  | Ending or Current Salary<br><b>\$7/25</b> per hr. |               |
| Date Separated (mo/yr)<br><b>MM/YY</b>  |  |  | Reason for Leaving<br><b>better job opportunity</b>   |  |   |               |
| Full Time    Years    Months<br><b>1</b> <b>8</b>   |  |  | List major duties in order of their importance in the job:<br><b>Processed claims for Champa/Champas for payments. Coding forms through ICOM 9 Marvel and CPT.</b>  |  |   |               |
| Part Time    Years    Months  |  |  |   |  |   |               |
| If part time, number of hours worked per week:  |  |  |   |  |   |               |
| I certify that I have given true, accurate and complete information on this form to the best of my knowledge. In the event confirmation is needed in connection with my work, I authorize educational institutions, associations, registration and licensing boards, and others to furnish whatever detail is available concerning my qualifications. I authorize investigation of all statements made in this application and understand that false information or documentation, or a failure to disclose relevant information may be grounds for rejection of my application, disciplinary action or dismissal if I am employed, and (or) criminal action. I further understand that dismissal upon employment shall be mandatory if fraudulent disclosures are given to meet position qualifications (Authority: G.S. 126-30, G.S. 14-122.1.) |  |  |   |  |   |               |
| _____<br>Signature of Applicant (unsigned applications will not be processed)   |  |  |   |  |   | _____<br>Date |

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#### Date of Birth

MM DD YY  
(Month) (Day) (Year)

#### Gender

☐ Male ☒ Female

**DISABILITY:** "Disability means, with respect to an individual: (1) a physical or mental impairment that substantially limits one or more of the major life activities of such individual; (2) a record of such an impairment; or (3) being regarded as having such an impairment" (Americans with Disabilities Act of 1990). Persons without a disability should check item A. The reporting of a **disability is strictly VOLUNTARY**. Persons with disabilities who **DO NOT WISH** to report their disabilities should check item A. Information reported on this form will be kept confidential as required by State law. Public disclosure of this information without your consent would be a violation of G.S. 126-27.

#### ETHNIC GROUP

1. ☒ White (non-Hispanic)
2. ☐ Black (non-Hispanic)
3. ☐ Hispanic (Mexican, Puerto Rican, Cuban, Central or South American, other Spanish origin regardless of race)
4. ☐ Asian (including Pacific Islander)
5. ☐ American Indian (including Alaskan native)

- A** ☒ None/Prefer not to report
- B** ☐ Blind or severely visually impaired
- C** ☐ Deaf or severely hearing impaired
- D** ☐ Loss of limited use of arms and/or hands
- E** ☐ Non-ambulatory (must use wheelchair)
- F** ☐ Other orthopedic impairment (including amputation, arthritis, back injury, cerebral palsy, spinal bifida, etc.)

- G** ☐ Respiratory impairment
- H** ☐ Nervous system/Neurological disorder
- I** ☐ Mentally restored
- J** ☐ Mental retardation
- K** ☐ Learning disability
- L** ☐ Others (heart disease, diabetes, speech impairment)
- M** ☐ Other (please specify) \_\_\_\_\_

|  |   |                                     |  |   |  |                                 |                         |
|--|---|-------------------------------------|--|---|--|---------------------------------|-------------------------|
| <b>APPLICATION FOR EMPLOYMENT</b><br>(SSN Voluntary, for Record Keeping and Data Processing Only)  |   |                                     |  | <b>STATE OF NORTH CAROLINA</b>  |  | Date of Application<br>MM/DD/YY |                         |
| Social Security Number<br>555-77-8888  |   | Last Name<br>Clark                  |  | First Name<br>Halle   |  | Middle Name                     |                         |
| Address (Street number and name)<br>215 Eagle Drive  |   |                                     |  | City<br>Garner  |  | County<br>Wake                  |                         |
| State<br>North Carolina  |   | Zip Code<br>27529                   | Phone (Home or where you can be reached)<br>919/661-8284 |   | Business Phone<br>None   |                                 |                         |
| <b>Availability</b><br>Do you now work for the State of NC?<br><input type="checkbox"/> YES <input checked="" type="checkbox"/> NO   | Are you related by blood or marriage to any person now working for the State <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO<br>If yes, give name, relationship to you and the agency where employed. |                                     |  |   | If subject to Military Selective Service registration, certify compliance by initialing dotted line<br>..... |                                 |                         |
| <b>Military Service</b><br>Have you served honorably in the Armed Forces of the United States on active duty for reasons other than training? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO<br>Do you wish to declare a service-connected disability? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO<br>At the time of this application, are you the surviving spouse or dependent of a deceased veteran who died from service-related reasons? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO<br>Do you wish to declare eligibility for veterans preference as the spouse of a disabled veteran? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO<br>Give dates of your (or spouse's) qualifying active military service:<br>Entered: 9/21/78 Separated: 1/30/84 Branch: USMC Rank E-4<br>Are you a member of the Military Reserves? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO Branch: Rank: |   |                                     |  |   |  |                                 |                         |
| <b>AGENCY USE ONLY: ELIGIBILITY FOR VETERAN'S PREFERENCE:</b> <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO  |   |                                     |  |   |  |                                 |                         |
| CHECK the types of work you will accept: <input checked="" type="checkbox"/> 1. Permanent full-time <input type="checkbox"/> 2. Permanent part-time <input checked="" type="checkbox"/> 3. Temporary full-time <input type="checkbox"/> 4. Temporary part-time<br><input type="checkbox"/> 5. Any of the preceding <input type="checkbox"/> 6. Work involving Travel <input type="checkbox"/> 7. Shift or Split Shift Work<br>If you are not available for work now, enter the earliest date you could begin work (mo/day/yr.) ASAP<br>Will you accept work anywhere in N.C.? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO (If no, list below the counties in which you would be willing to work.)<br>1. Wake 2. 3. 4. 5.   |   |                                     |  |   |  |                                 |                         |
| <b>Jobs Applied For</b><br>Enter below the specific title(s) of the job(s) for which you are applying. Please list no more than three on this application.<br>1. Accounting Technician 2. Processing Assistant IV 3. Payroll Clerk   |   |                                     |  |   |  |                                 |                         |
| <b>Referral Source</b><br>Please indicate your referral source: Job Vacancy Listing<br>If you were referred by the Employment Security Commission (Job Service) please indicate which local office:  |   |                                     |  |   |  |                                 |                         |
| <b>Education</b><br>Circle highest grade completed: 1 2 3 4 5 6 7 8 9 10 11 12 (GED) College 1 2 3 4 Graduate School 1 2 3 4<br>Under S/Q Hrs., list the hours of credit received and if they were semester (S) or quarter (Q) hours.  |   |                                     |  |   |  |                                 |                         |
| Schools  | Name and Location   | Dates Attended (mo/yr)<br>From: To: |  | Grad?   | S/Q Hrs.   | Major/Minor Course Work         | Type of Degree Received |
| High School  | Eastern High School<br>Washington, DC   | MM/YY                               | MM/YY  | YES <input type="checkbox"/><br>NO <input checked="" type="checkbox"/>  |  |                                 |                         |
| College(s)<br>University (s)   | Southeastern University<br>Washington, DC   | MMYY                                | MM/YY  | YES <input type="checkbox"/><br>NO <input checked="" type="checkbox"/>  |  |                                 |                         |
| Graduate or<br>Professional  |   |                                     |  | YES <input type="checkbox"/><br>NO <input type="checkbox"/>   |  |                                 |                         |
| Other educational,<br>vocational school,<br>internships, etc.  |   |                                     |  | YES <input type="checkbox"/><br>NO <input type="checkbox"/>   |  |                                 |                         |
| Special training programs and seminars you have completed in the last five years (list):<br>IBM computer, digital VI 100 computer, digital VI 320 computer, LA75 companion printer<br>All in house training federal government   |   |                                     |  |   |  |                                 |                         |
| If the job(s) applied for calls for specific courses, indicate those courses taken and credits received:<br>Accounting I & II  |   |                                     |  |   |  |                                 |                         |
| Current professional status: (List fields of work for which you have been registered)<br>Registration: n/a State: No.<br>Registration: n/a State: No.  |   |                                     |  |   |  |                                 |                         |
| Membership in professional, honorary, or technical societies (list):<br>n/a  |   |                                     |  | <b>DO NOT COMPLETE THIS BLOCK</b><br>DEGREES AND PROFESSIONAL CREDENTIALS<br><input type="checkbox"/> Have been verified<br><input type="checkbox"/> Will be verified within 90 days (G.S. 126-30)<br>Person Responsible: |  |                                 |                         |



|   |  |   |  |   |   |  |  |
|---|--|---|--|---|---|--|--|
| <b>STATE OF NORTH CAROLINA</b><br>An Equal Opportunity/Affirmative Action Employer  |  |   | Social Security Number<br><b>555-77-8888</b>           |   | Last Name<br><b>Clark</b>               |  |  |
| Employer:<br><b>Bureau of the Public Debt</b>   |  |   | Address:<br><b>13 &amp; C Sts., SW, Washington, DC</b> |   |   |  |  |
| Job Title:<br><b>Detail in the Administrative Asst.</b>   |  |   | Supervisor's Name<br><b>Cassae Ryan</b>                |   | Telephone Number<br><b>202/287-4046</b> |  |  |
| Date Employed (mo/yr)<br><b>MM/YY</b>   |  | Starting Salary<br><b>\$16790 per PA</b>  |  | Ending Salary<br><b>\$17270 per PA</b>            |   | Reason for Leaving<br><b>Promotion</b>   |  |
| Date Separated (mo/yr)<br><b>MM/YY</b>  |  | List major duties in order of their importance in the job:<br>Serves in the Office of the Director, Division of Investor Accounts. Responsible for the statistical reports, personnel reports, personnel reports from the branch offices on a weekly basis; verify the figures and calculate cost. Assemble information and update the budget figures and calculate cost. Assemble information and update the budget system, prepare the personnel status break down of all regulator and over-time hours reported by the branch. Monitors allocations and used funds reviews and control procurement, overtime request and performance awards. |  |   |   |  |  |
| Full Time      Years      Months<br><b>10</b>   |  |   |  |   |   |  |  |
| Part Time      Years      Months  |  |   |  |   |   |  |  |
| If part time, number of hours worked per week:  |  |   |  |   |   |  |  |
| Employer:<br><b>Bureau of the Public Debt</b>   |  |   | Address:<br><b>13 &amp; C Sts. SW Washington, DC</b>   |   |   |  |  |
| Job Title:<br><b>Accounting Technician</b>  |  |   | Supervisor's Name<br><b>Mrs. Eva Davis</b>             |   | Telephone Number<br><b>202/287-4299</b> |  |  |
| Date Employed (mo/yr)<br><b>MM/YY</b>   |  | Starting Salary<br><b>\$16218 per</b>   |  | Ending or Current Salary<br><b>\$ per</b>         |   | Reason for Leaving<br><b>advancement</b> |  |
| Date Separated (mo/yr)<br><b>MM/YY</b>  |  | List major duties in order of their importance in the job:<br>Reconciled and verified monetary transactions: maintained discrepancy logs for all accounting documents, accountability wires and legal tenders: maintained specific loan ledgers reviewed out of balance loans with ledgers and printouts to determine any discrepancies. Make adjustments to correct error and re-enter to update systems. Prepared a variety reports all report are accurately. Maintained time and attendance logs for 26 employees. Trained technicians.   |  |   |   |  |  |
| Full Time      Years      Months<br><b>2      1</b>   |  |   |  |   |   |  |  |
| Part Time      Years      Months  |  |   |  |   |   |  |  |
| If part time, number of hours worked per week:  |  |   |  |   |   |  |  |
| Employer:<br><b>Bureau of the Public Debt</b>   |  |   | Address:<br><b>13 &amp; C Sts.. SW Washington, DC</b>  |   |   |  |  |
| Job Title:<br><b>Securities Examiner</b>  |  |   | Supervisor's Name<br><b>Mrs. Gwen Ross</b>             |   | Telephone Number<br><b>202/287-4083</b> |  |  |
| Date Employed (mo/yr)<br><b>MM/YY</b>   |  | Starting Salary<br><b>\$11380 per PA</b>  |  | Ending or Current Salary<br><b>\$16142 per PA</b> |   | Reason for Leaving<br><b>promotion</b>   |  |
| Date Separated (mo/yr)<br><b>MM/YY</b>  |  | List major duties in order of their importance in the job:<br>Approved or disapproved accounts maintained by book entry accounts section; examined tenders to ensure the presence and accuracy information; edited information to conform with the bureau's guideline; reviewed printouts to verify accuracy; trained new securities examiners; examined, edited, corrected, updated and deleted established accounts which require servicing; contacted federal reserve banks and investors by phone or letter to obtain information.  |  |   |   |  |  |
| Full Time      Years      Months<br><b>4      4</b>   |  |   |  |   |   |  |  |
| Part Time      Years      Months  |  |   |  |   |   |  |  |
| If part time, number of hours worked per week:  |  |   |  |   |   |  |  |
| I certify that I have given true, accurate and complete information on this form to the best of my knowledge. In the event confirmation is needed in connection with my work, I authorize educational institutions, associations, registration and licensing boards, and others to furnish whatever detail is available concerning my qualifications. I authorize investigation of all statements made in this application and understand that false information or documentation, or a failure to disclose relevant information may be grounds for rejection of my application, disciplinary action or dismissal if I am employed, and (or) criminal action. I further understand that dismissal upon employment shall be mandatory if fraudulent disclosures are given to meet position qualifications (Authority: G.S. 126-30, G.S. 14-122.1.) |  |   |  |   |   |  |  |
| Signature of Applicant (unsigned applications will not be processed)  |  |   |  |   |   | MM/DD/YY<br>Date                         |  |



|   |  |  |  |   |   |  |
|---|--|--|--|---|---|--|
| <b>STATE OF NORTH CAROLINA</b><br>An Equal Opportunity/Affirmative Action Employer  |  |  | Social Security Number<br><b>555-77-8888</b>       |   | Last Name<br><b>Clark</b>               |  |
| Employer:<br><b>Bureau of the Public Debt</b>   |  |  | Address:<br><b>13 &amp; C Sts.. Washington, DC</b> |   |   |  |
| Job Title:<br><b>Receipt &amp; Distribution</b>   |  |  | Supervisor's Name<br><b>Mr. Gwynn Brown</b>        |   | Telephone Number<br><b>202/447-1291</b> |  |
|   |  |  |  |   | No. Supervised by you:<br><b>None</b>   |  |
| Date Employed (mo/yr)<br><b>MM/YY</b>   |  | Starting Salary<br><b>\$6989</b> per   |  | Ending Salary<br><b>\$9793</b> per            |   | Reason for Leaving<br><b>promotion</b> |
| Date Separated (mo/yr)<br><b>MM/YY</b>  |  | List major duties in order of their importance in the job:<br><b>Received and maintained accounts for saving bond applications, submitted from commerical banks, accepted and controlled coupons clipped from government securities for payment by investors; forward completed cases to securities examiners; verified all control logs for accuracy; maintained a variety of logs which required basic bookkeeping procedures.</b> |  |   |   |  |
| Full Time      Years      Months<br><b>3</b> <b>11</b>  |  |  |  |   |   |  |
| Part Time      Years      Months  |  |  |  |   |   |  |
| If part time, number of hours worked per week:  |  |  |  |   |   |  |
| Employer:   |  |  | Address:   |   |   |  |
| Job Title:  |  |  | Supervisor's Name                                  |   | Telephone Number                        |  |
|   |  |  |  |   | No. Supervised by you:                  |  |
| Date Employed (mo/yr)   |  | Starting Salary<br>\$            per   |  | Ending or Current Salary<br>\$            per |   | Reason for Leaving                     |
| Date Separated (mo/yr)  |  | List major duties in order of their importance in the job:   |  |   |   |  |
| Full Time      Years      Months  |  |  |  |   |   |  |
| Part Time      Years      Months  |  |  |  |   |   |  |
| If part time, number of hours worked per week:  |  |  |  |   |   |  |
| Employer:   |  |  | Address:   |   |   |  |
| Job Title:  |  |  | Supervisor's Name                                  |   | Telephone Number                        |  |
|   |  |  |  |   | No. Supervised by you:                  |  |
| Date Employed (mo/yr)   |  | Starting Salary<br>\$            per   |  | Ending or Current Salary<br>\$            per |   | Reason for Leaving                     |
| Date Separated (mo/yr)  |  | List major duties in order of their importance in the job:   |  |   |   |  |
| Full Time      Years      Months  |  |  |  |   |   |  |
| Part Time      Years      Months  |  |  |  |   |   |  |
| If part time, number of hours worked per week:  |  |  |  |   |   |  |
| I certify that I have given true, accurate and complete information on this form to the best of my knowledge. In the event confirmation is needed in connection with my work, I authorize educational institutions, associations, registration and licensing boards, and others to furnish whatever detail is available concerning my qualifications. I authorize investigation of all statements made in this application and understand that false information or documentation, or a failure to disclose relevant information may be grounds for rejection of my application, disciplinary action or dismissal if I am employed, and (or) criminal action. I further understand that dismissal upon employment shall be mandatory if fraudulent disclosures are given to meet position qualifications (Authority: G.S. 126-30, G.S. 14-122.1.) |  |  |  |   |   |  |
| _____<br>Signature of Applicant (unsigned applications will not be processed)   |  |  |  |   |   | _____<br>Date                          |

# APPLICATION FOR EMPLOYMENT

## State of North Carolina

### INSTRUCTIONS TO APPLICANTS

TO BE CONSIDERED FOR STATE EMPLOYMENT, YOU MUST ANSWER ALL QUESTIONS AND COMPLETE ALL SECTIONS OF THIS APPLICATION FORM.

THE STATE EMPLOYS ONLY US CITIZENS OR ALIENS WHO CAN PROVIDE PROOF OF IDENTITY AND WORK AUTHORIZATION WITHIN 3 WORKING DAYS OF EMPLOYMENT MALES SUBJECT TO MILITARY SELECTIVE SERVICE REGISTRATION MUST CERTIFY COMPLIANCE TO BE ELIGIBLE FOR STATE EMPLOYMENT (G.S. 143B-421.1). SEE AVAILABILITY BLOCK.

### WHEN COMPLETING THIS APPLICATION, PLEASE MAKE SURE YOU

COMPLETE THE SECTION FOR EQUAL OPPORTUNITY INFORMATION.

APPLY FOR ONE VACANCY PER APPLICATION.

GIVE COMPLETE INFORMATION ON YOUR EDUCATION AND WORK HISTORY ("SEE RESUME" IS NOT ACCEPTABLE).

LIST SEPARATELY EACH JOB HELD AND YOUR DUTIES FOR EACH POSITION WHEN YOU WORKED FOR ONE EMPLOYER AND HELD MORE THAN ONE POSITION.

CHECK FOR ACCURACY, SIGN AND DATE YOUR APPLICATION.

THANK YOU FOR YOUR INTEREST IN STATE GOVERNMENT. NORTH CAROLINA WANTS TO FIND THE BEST QUALIFIED PEOPLE AVAILABLE TO SERVE ITS CITIZENS. ALTHOUGH EVERYONE WHO APPLIES CANNOT BE HIRED, YOUR APPLICATION WILL BE GIVEN EVERY CONSIDERATION.

### Equal Opportunity Information

State Government policy prohibits discrimination based on race, sex, color, creed, national origin, age or disability. Sex, age or absence of disability is a bona fide occupational qualification in a small number of State jobs. The information requested below will in no way affect you as an applicant. Its sole use will be to see how well our recruitment efforts are reaching all segments of the population.

#### Date of Birth

MM DD YY  
(Month) (Day) (Year)

#### Gender

☐ Male ☒ Female

**DISABILITY:** "Disability means, with respect to an individual: (1) a physical or mental impairment that substantially limits one or more of the major life activities of such individual; (2) a record of such an impairment; or (3) being regarded as having such an impairment" (Americans with Disabilities Act of 1990). Persons without a disability should check item A. The reporting of a **disability is strictly VOLUNTARY**. Persons with disabilities who **DO NOT WISH** to report their disabilities should check item A. Information reported on this form will be kept confidential as required by State law. Public disclosure of this information without your consent would be a violation of G.S. 126-27.

#### ETHNIC GROUP

- ☐ White (non-Hispanic)
- ☒ Black (non-Hispanic)
- ☐ Hispanic (Mexican, Puerto Rican, Cuban, Central or South American, other Spanish origin regardless of race)
- ☐ Asian (including Pacific Islander)
- ☐ American Indian (including Alaskan native)

- A** ☒ None/Prefer not to report
- B** ☐ Blind or severely visually impaired
- C** ☐ Deaf or severely hearing impaired
- D** ☐ Loss of limited use of arms and/or hands
- E** ☐ Non-ambulatory (must use wheelchair)
- F** ☐ Other orthopedic impairment (including amputation, arthritis, back injury, cerebral palsy, spina bifida, etc.)

- G** ☐ Respiratory impairment
- H** ☐ Nervous system/Neurological disorder
- I** ☐ Mentally restored
- J** ☐ Mental retardation
- K** ☐ Learning disability
- L** ☐ Others (heart disease, diabetes, speech impairment)
- M** ☐ Other (please specify) \_\_\_\_\_

|  |   |                                     |  |   |                                  |  |                         |
|--|---|-------------------------------------|--|---|----------------------------------|--|-------------------------|
| <b>APPLICATION FOR EMPLOYMENT</b><br>(SSN Voluntary, for Record Keeping and Data Processing Only)  |   |                                     |  | <b>STATE OF NORTH CAROLINA</b>  |                                  | Date of Application<br>June 8, 2005  |                         |
| Social Security Number<br>245-22-7777  |   | Last Name<br>Heard                  |  | First Name<br>Teri  |                                  | Middle Name<br>H.  |                         |
| Address (Street number and name)<br>404 Gate Drive   |   |                                     |  | City<br>Garner  |                                  | County<br>Wake   |                         |
| State<br>North Carolina  |   | Zip Code<br>27529                   | Phone (Home or where you can be reached)<br>(919) 755-5799 |   | Business Phone<br>(919) 733-5429 |  |                         |
| <b>Availability</b><br>Do you now work for the State of NC?<br>X <input type="checkbox"/> YES <input type="checkbox"/> NO  | Are you related by blood or marriage to any person now working for the State <input type="checkbox"/> YES <input type="checkbox"/> NO<br>If yes, give name, relationship to you and the agency where employed.<br>Denise Perry – Industrial Comm. Dobbs Bldg. |                                     |  |   |                                  | If subject to Military Selective Service registration, certify compliance by initialing dotted line<br>..... |                         |
| <b>Military Service</b><br>Have you served honorably in the Armed Forces of the United States on active duty for reasons other than training? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO<br>Do you wish to declare a service-connected disability? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO<br>At the time of this application, are you the surviving spouse or dependent of a deceased veteran who died from service-related reasons? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO<br>Do you wish to declare eligibility for veterans preference as the spouse of a disabled veteran? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO<br>Give dates of your (or spouse's) qualifying active military service:<br>Entered: _____ Separated: _____ Branch: _____ Rank: _____<br>Are you a member of the Military Reserves? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO Branch: _____ Rank: _____ |   |                                     |  |   |                                  |  |                         |
| <b>AGENCY USE ONLY: ELIGIBILITY FOR VETERAN'S PREFERENCE:</b> <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO  |   |                                     |  |   |                                  |  |                         |
| CHECK the types of work you will accept: <input checked="" type="checkbox"/> 1. Permanent full-time <input type="checkbox"/> 2. Permanent part-time <input type="checkbox"/> 3. Temporary full-time <input type="checkbox"/> 4. Temporary part-time<br><input type="checkbox"/> 5. Any of the preceding <input type="checkbox"/> 6. Work involving Travel <input type="checkbox"/> 7. Shift or Split Shift Work<br>If you are not available for work now, enter the earliest date you could begin work (mo/day/yr.) <u>ASAP</u><br>Will you accept work anywhere in N.C.? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO (If no, list below the counties in which you would be willing to work.)<br>1. Wake 2. 3. 4. 5.   |   |                                     |  |   |                                  |  |                         |
| <b>Jobs Applied For</b><br>Enter below the specific title(s) of the job(s) for which you are applying. Please list no more than three on this application.<br>1. Processing Asstant IV 4462-2150-0000-339 2. 3.  |   |                                     |  |   |                                  |  |                         |
| <b>Referral Source</b><br>Please indicate your referral source: <u>Internet/Vacancy</u><br>If you were referred by the Employment Security Commission (Job Service) please indicate which local office: _____  |   |                                     |  |   |                                  |  |                         |
| <b>Education</b><br>Circle highest grade completed: 1 2 3 4 5 6 7 8 9 10 11 12 GED College 1 ( 2 ) 3 4 Graduate School 1 2 3 4<br>Under S/Q Hrs., list the hours of credit received and if they were semester (S) or quarter (Q) hours.  |   |                                     |  |   |                                  |  |                         |
| Schools  | Name and Location   | Dates Attended (mo/yr)<br>From: To: |  | Grad?   | S/Q Hrs.                         | Major/Minor Course Work  | Type of Degree Received |
| High School  | Needham B. Broughton<br>723 St. Mary's Street   | MM/YY                               | MM/YY  | YES <input checked="" type="checkbox"/><br>NO <input type="checkbox"/>  |                                  |  |                         |
| College(s)<br>University (s)   |   |                                     |  | YES <input type="checkbox"/><br>NO <input type="checkbox"/>   |                                  |  |                         |
| Graduate or<br>Professional  |   |                                     |  | YES <input type="checkbox"/><br>NO <input type="checkbox"/>   |                                  |  |                         |
| Other educational,<br>vocational school,<br>internships, etc.  | Rutledge Bus. College<br>211 W. Martin Street   | MM/YY<br>MM/YY                      | MM/YY<br>MM/YY   | YES <input type="checkbox"/><br>NO <input checked="" type="checkbox"/>  |                                  | Jr. Accounting<br>Computer   | N/A                     |
| Special training programs and seminars you have completed in the last five years (list):<br>Wordperfect, Windows, NCAS   |   |                                     |  |   |                                  |  |                         |
| If the job(s) applied for calls for specific courses, indicate those courses taken and credits received:   |   |                                     |  |   |                                  |  |                         |
| Current professional status: (List fields of work for which you have been registered)<br>Registration: _____ State: _____ No. _____<br>Registration: _____ State: _____ No. _____  |   |                                     |  |   |                                  |  |                         |
| Membership in professional, honorary, or technical societies (list):   |   |                                     |  | <b>DO NOT COMPLETE THIS BLOCK</b><br>DEGREES AND PROFESSIONAL CREDENTIALS<br><input type="checkbox"/> Have been verified<br><input type="checkbox"/> Will be verified within 90 days (G.S. 126-30)<br>Person Responsible: |                                  |  |                         |

**Licenses and certifications (List, giving dates and sources of issuance):**
**SKILLS**

CHECK the following skills, experiences, etc., which you have:

|  |                 |           |  |   |
|--|-----------------|-----------|--|---|
| <input checked="" type="checkbox"/> Driver's License | <u>77777777</u> | <u>NC</u> | <input type="checkbox"/> Sign Language                                 | <input type="checkbox"/> Legal transcription        |
|  | Number          | State     | <input type="checkbox"/> Foreign language (specify) _____              | <input type="checkbox"/> Medical transcription      |
| <input type="checkbox"/> Chauffeur's License         | _____           | State     | <input checked="" type="checkbox"/> Adding Machine/calculator          | <input type="checkbox"/> Braille                    |
|  | Number          | State     | <input checked="" type="checkbox"/> Typing (specify WPM) <u>50 wpm</u> | <input checked="" type="checkbox"/> Word Processing |
| <input type="checkbox"/> Car for use at work         |                 |           | <input type="checkbox"/> Shorthand/speedwriting (specify WPM) _____    | <input type="checkbox"/> Other _____                |

 Have you ever been convicted of an offense against the law other than a minor traffic violation? (A conviction does not mean you cannot be hired. The offense and how recently you were convicted will be evaluated in relation to the job for which you are applying.) ☐ YES ☐ NO (If yes, explain fully on an additional sheet.)

**WORK HISTORY** (include volunteer experience) Use Additional Sheets if Necessary

|   |  |  |  |                                     |   |
|---|--|--|--|-------------------------------------|---|
| Current or Last Employer:<br><b>DEHNR Postal Center</b> |  |  | Address:<br><b>512 N. Salisbury Street</b> |                                     |   |
| Job Title:<br><b>Mail Clerk II</b>                      |  |  | Supervisor's Name<br><b>Neil Avis</b>      | Telephone Number<br><b>733-2222</b> | No. Supervised by you:<br><b>none</b>   |
| Date Employed (mo/yr)<br><b>MM/YY</b>                   | Starting Salary<br><b>\$14,166 per</b>   | Ending or Current Salary<br><b>\$24000 per yr.</b> | Reason for Leaving<br><b>salary</b>        |                                     | May We Contact Employer<br>YES <input type="checkbox"/> NO <input type="checkbox"/> |
| Date Separated (mo/yr)<br><b>N/A</b>                    | List major duties in order of their importance in the job:<br><b>Responsible for postal billing charges. Enter changes in accounting structure and alert co-workers of changes. Prepare cash disbursements code sheets for vendors, to ensure proper identification of invoices and accurate program billing. Sort incoming mail for inter-departmental distribution. File monthly reports, equipment, maintenance contracts, productions statistics invoices, blank forms and administrative files.</b> |  |  |                                     |   |
| Full Time   | Years  | Months   |  |                                     |   |
| <b>X</b>  | <b>9</b>   | <b>10</b>  |  |                                     |   |
| Part Time   | Years  | Months   |  |                                     |   |
| If part time, number of hours worked per week:          |  |  |  |                                     |   |

|  |   |  |   |  |                                       |
|--|---|--|---|--|---------------------------------------|
| Employer:<br><b>DEHNR Printshop</b>            |   |  | Address:<br><b>225 N. McDowell Street</b> |  |                                       |
| Job Title:<br><b>Clerk II</b>                  |   |  | Supervisor's Name<br><b>Mary Bell</b>     | Telephone Number<br><b>(919)773-5555</b> | No. Supervised by you:<br><b>none</b> |
| Date Employed (mo/yr)<br><b>MM/YY</b>          | Starting Salary<br><b>\$14,186 per YR</b>   | Ending or Current Salary<br><b>\$14,186 per YR</b> | Reason for Leaving<br><b>Transfer</b>     |  |                                       |
| Date Separated (mo/yr)<br><b>MM/YY</b>         | List major duties in order of their importance in the job:<br><b>File records for printing office, label and address all material mailed from printshop. Work in bindery department operating collectors, folders, power stitchers and power cutter. Also operate printing press when needed. Kept inventory of supplies.</b> |  |   |  |                                       |
| Full Time                                      | Years   | Months   |   |  |                                       |
| <b>1</b>                                       | <b>3</b>  |  |   |  |                                       |
| Part Time                                      | Years   | Months   |   |  |                                       |
| If part time, number of hours worked per week: |   |  |   |  |                                       |

|  |  |   |   |   |                                       |
|--|--|---|---|---|---------------------------------------|
| Employer:<br><b>Health Services Mailroom</b>   |  |   | Address:<br><b>225 N. McDowell Street</b>         |   |                                       |
| Job Title:<br><b>Clerk II</b>                  |  |   | Supervisor's Name<br><b>Larry O. Cedar</b>        | Telephone Number<br><b>(919) 715-7171</b> | No. Supervised by you:<br><b>none</b> |
| Date Employed (mo/yr)<br><b>MM/YY</b>          | Starting Salary<br><b>\$13000 per YR</b>   | Ending or Current Salary<br><b>\$14186 per YR</b> | Reason for Leaving<br><b>Dept. reorganization</b> |   |                                       |
| Date Separated (mo/yr)<br><b>MM/YY</b>         | List major duties in order of their importance in the job:<br><b>Received requisitions for printed forms for 5 programs. Kept inventory for each program. Stamped all outgoing mail. Operate computer to receive all mail reports of previous day. Review print request that required stapling, folding, or collated. Insert materials into required envelope to prepare for mailing. Assist in preparing labels on computer for divisions and updating mailing lists.</b> |   |   |   |                                       |
| Full Time                                      | Years  | Months  |   |   |                                       |
| <b>1</b>                                       | <b>11</b>  |   |   |   |                                       |
| Part Time                                      | Years  | Months  |   |   |                                       |
| If part time, number of hours worked per week: |  |   |   |   |                                       |

I certify that I have given true, accurate and complete information on this form to the best of my knowledge. In the event confirmation is needed in connection with my work, I authorize educational institutions, associations, registration and licensing boards, and others to furnish whatever detail is available concerning my qualifications. I authorize investigation of all statements made in this application and understand that false information or documentation, or a failure to disclose relevant information may be grounds for rejection of my application, disciplinary action or dismissal if I am employed, and (or) criminal action. I further understand that dismissal upon employment shall be mandatory if fraudulent disclosures are given to meet position qualifications (Authority: G.S. 126-30, G.S. 14-122.1.)

MM/DD/YY

Signature of Applicant (unsigned applications will not be processed)

Date

# APPLICATION FOR EMPLOYMENT

## State of North Carolina

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APPLY FOR ONE VACANCY PER APPLICATION.

GIVE COMPLETE INFORMATION ON YOUR EDUCATION AND WORK HISTORY ("SEE RESUME" IS NOT ACCEPTABLE).

LIST SEPARATELY EACH JOB HELD AND YOUR DUTIES FOR EACH POSITION WHEN YOU WORKED FOR ONE EMPLOYER AND HELD MORE THAN ONE POSITION.

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#### Date of Birth

MM DD YY  
(Month) (Day) (Year)

#### Gender

☐ Male ☒ Female

**DISABILITY:** "Disability means, with respect to an individual: (1) a physical or mental impairment that substantially limits one or more of the major life activities of such individual; (2) a record of such an impairment; or (3) being regarded as having such an impairment" (Americans with Disabilities Act of 1990). Persons without a disability should check item A. The reporting of a **disability is strictly VOLUNTARY**. Persons with disabilities who **DO NOT WISH** to report their disabilities should check item A. Information reported on this form will be kept confidential as required by State law. Public disclosure of this information without your consent would be a violation of G.S. 126-27.

#### ETHNIC GROUP

1. ☒ White (non-Hispanic)
2. ☐ Black (non-Hispanic)
3. ☐ Hispanic (Mexican, Puerto Rican, Cuban, Central or South American, other Spanish origin regardless of race)
4. ☐ Asian (including Pacific Islander)
5. ☐ American Indian (including Alaskan native)

- A ☒ None/Prefer not to report
- B ☐ Blind or severely visually impaired
- C ☐ Deaf or severely hearing impaired
- D ☐ Loss of limited use of arms and/or hands
- E ☐ Non-ambulatory (must use wheelchair)
- F ☐ Other orthopedic impairment (including amputation, arthritis, back injury, cerebral palsy, spina bifida, etc.)

- G ☐ Respiratory impairment
- H ☐ Nervous system/Neurological disorder
- I ☐ Mentally restored
- J ☐ Mental retardation
- K ☐ Learning disability
- L ☐ Others (heart disease, diabetes, speech impairment)
- M ☐ Other (please specify)

|   |   |                                     |  |   |  |                                 |                         |
|---|---|-------------------------------------|--|---|--|---------------------------------|-------------------------|
| <b>APPLICATION FOR EMPLOYMENT</b><br>(SSN Voluntary, for Record Keeping and Data Processing Only)   |   |                                     |  | <b>STATE OF NORTH CAROLINA</b>  |  | Date of Application<br>MM/DD/YY |                         |
| Social Security Number<br>238-43-5374   |   | Last Name<br>Murray                 |  | First Name<br>Angie   |  | Middle Name<br>B.               |                         |
| Address (Street number and name)<br>2331 Grant Way  |   |                                     |  | City<br>Raleigh   |  | County<br>Wake                  |                         |
| State<br>NC   |   | Zip Code<br>27608                   | Phone (Home or where you can be reached)<br>919/828-5555 |   | Business Phone<br>919/850-9999   |                                 |                         |
| <b>Availability</b><br>Do you now work for the State of NC?<br><input type="checkbox"/> YES <input checked="" type="checkbox"/> NO  | Are you related by blood or marriage to any person now working for the State <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO<br>If yes, give name, relationship to you and the agency where employed. |                                     |  |   | If subject to Military Selective Service registration, certify compliance by initialing dotted line<br>..... |                                 |                         |
| <b>Military Service</b><br>Have you served honorably in the Armed Forces of the United States on active duty for reasons other than training? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO<br>Do you wish to declare a service-connected disability? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO<br>At the time of this application, are you the surviving spouse or dependent of a deceased veteran who died from service-related reasons? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO<br>Do you wish to declare eligibility for veterans preference as the spouse of a disabled veteran? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO<br>Give dates of your (or spouse's) qualifying active military service:<br>Entered: _____ Separated: _____ Branch: _____ Rank _____<br>Are you a member of the Military Reserves? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO Branch: _____ Rank: _____ |   |                                     |  |   |  |                                 |                         |
| <b>AGENCY USE ONLY: ELIGIBILITY FOR VETERAN'S PREFERENCE:</b> <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO   |   |                                     |  |   |  |                                 |                         |
| CHECK the types of work you will accept: <input checked="" type="checkbox"/> 1. Permanent full-time <input type="checkbox"/> 2. Permanent part-time <input type="checkbox"/> 3. Temporary full-time <input type="checkbox"/> 4. Temporary part-time<br><input type="checkbox"/> 5. Any of the preceding <input type="checkbox"/> 6. Work involving Travel <input type="checkbox"/> 7. Shift or Split Shift Work<br>If you are not available for work now, enter the earliest date you could begin work (mo/day/yr.) <u>ASAP</u><br>Will you accept work anywhere in N.C.? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO (If no, list below the counties in which you would be willing to work.)<br>1. Wake 2. 3. 4. 5.  |   |                                     |  |   |  |                                 |                         |
| <b>Jobs Applied For</b><br>Enter below the specific title(s) of the job(s) for which you are applying. Please list no more than three on this application.<br>1. Processing Asst. IV 4462-2150-0000-339 2. 3.   |   |                                     |  |   |  |                                 |                         |
| <b>Referral Source</b><br>Please indicate your referral source: <u>North Carolina Office of State Personnel</u><br>If you were referred by the Employment Security Commission (Job Service) please indicate which local office: _____   |   |                                     |  |   |  |                                 |                         |
| <b>Education</b><br>Circle highest grade completed: 1 2 3 4 5 6 7 8 9 10 11 12 GED College 1 2 3 (4) Graduate School 1 2 3 4<br>Under S/Q Hrs., list the hours of credit received and if they were semester (S) or quarter (Q) hours.   |   |                                     |  |   |  |                                 |                         |
| Schools   | Name and Location   | Dates Attended (mo/yr)<br>From: To: |  | Grad?   | S/Q Hrs.   | Major/Minor Course Work         | Type of Degree Received |
| High School   | Grimsley High School<br>Greensboro, North Carolina  | MM/YY                               | MM/YY  | YES <input checked="" type="checkbox"/><br>NO <input type="checkbox"/>  |  |                                 |                         |
| College(s)<br>University (s)  | North Carolina State University<br>Raleigh, North Carolina  | MM/YY                               | MM/YY  | YES <input checked="" type="checkbox"/><br>NO <input type="checkbox"/>  | 137  | Zoology                         | BS                      |
| Graduate or Professional  |   |                                     |  | YES <input type="checkbox"/><br>NO <input type="checkbox"/>   |  |                                 |                         |
| Other educational, vocational school, internships, etc.   |   |                                     |  | YES <input type="checkbox"/><br>NO <input type="checkbox"/>   |  |                                 |                         |
| Special training programs and seminars you have completed in the last five years (list):<br><br>  |   |                                     |  |   |  |                                 |                         |
| If the job(s) applied for calls for specific courses, indicate those courses taken and credits received:<br><br>  |   |                                     |  |   |  |                                 |                         |
| Current professional status: (List fields of work for which you have been registered)<br>Registration: _____ State: _____ No. _____<br>Registration: _____ State: _____ No. _____   |   |                                     |  |   |  |                                 |                         |
| Membership in professional, honorary, or technical societies (list):  |   |                                     |  | <b>DO NOT COMPLETE THIS BLOCK</b><br>DEGREES AND PROFESSIONAL CREDENTIALS<br><input type="checkbox"/> Have been verified<br><input type="checkbox"/> Will be verified within 90 days (G.S. 126-30)<br>Person Responsible: |  |                                 |                         |



# APPLICATION FOR EMPLOYMENT

## State of North Carolina

### INSTRUCTIONS TO APPLICANTS

TO BE CONSIDERED FOR STATE EMPLOYMENT, YOU MUST ANSWER ALL QUESTIONS AND COMPLETE ALL SECTIONS OF THIS APPLICATION FORM.

THE STATE EMPLOYS ONLY US CITIZENS OR ALIENS WHO CAN PROVIDE PROOF OF IDENTITY AND WORK AUTHORIZATION WITHIN 3 WORKING DAYS OF EMPLOYMENT. MALES SUBJECT TO MILITARY SELECTIVE SERVICE REGISTRATION MUST CERTIFY COMPLIANCE TO BE ELIGIBLE FOR STATE EMPLOYMENT (G.S. 143B-421.1). SEE AVAILABILITY BLOCK.

### WHEN COMPLETING THIS APPLICATION, PLEASE MAKE SURE YOU

COMPLETE THE SECTION FOR EQUAL OPPORTUNITY INFORMATION.

APPLY FOR ONE VACANCY PER APPLICATION.

GIVE COMPLETE INFORMATION ON YOUR EDUCATION AND WORK HISTORY ("SEE RESUME" IS NOT ACCEPTABLE).

LIST SEPARATELY EACH JOB HELD AND YOUR DUTIES FOR EACH POSITION WHEN YOU WORKED FOR ONE EMPLOYER AND HELD MORE THAN ONE POSITION.

CHECK FOR ACCURACY, SIGN AND DATE YOUR APPLICATION.

THANK YOU FOR YOUR INTEREST IN STATE GOVERNMENT. NORTH CAROLINA WANTS TO FIND THE BEST QUALIFIED PEOPLE AVAILABLE TO SERVE ITS CITIZENS. ALTHOUGH EVERYONE WHO APPLIES CANNOT BE HIRED, YOUR APPLICATION WILL BE GIVEN EVERY CONSIDERATION.

### Equal Opportunity Information

State Government policy prohibits discrimination based on race, sex, color, creed, national origin, age or disability. Sex, age or absence of disability is a bona fide occupational qualification in a small number of State jobs. The information requested below will in no way affect you as an applicant. Its sole use will be to see how well our recruitment efforts are reaching all segments of the population.

#### Date of Birth

MM DD YY  
(Month) (Day) (Year)

#### Gender

☐ Male ☒ Female

**DISABILITY:** "Disability means, with respect to an individual: (1) a physical or mental impairment that substantially limits one or more of the major life activities of such individual; (2) a record of such an impairment; or (3) being regarded as having such an impairment" (Americans with Disabilities Act of 1990). Persons without a disability should check item A. The reporting of a **disability is strictly VOLUNTARY**. Persons with disabilities who **DO NOT WISH** to report their disabilities should check item A. Information reported on this form will be kept confidential as required by State law. Public disclosure of this information without your consent would be a violation of G.S. 126-27.

#### ETHNIC GROUP

1. ☒ White (non-Hispanic)
2. ☐ Black (non-Hispanic)
3. ☐ Hispanic (Mexican, Puerto Rican, Cuban, Central or South American, other Spanish origin regardless of race)
4. ☐ Asian (including Pacific Islander)
5. ☐ American Indian (including Alaskan native)

- A ☒ None/Prefer not to report
- B ☐ Blind or severely visually impaired
- C ☐ Deaf or severely hearing impaired
- D ☐ Loss of limited use of arms and/or hands
- E ☐ Non-ambulatory (must use wheelchair)
- F ☐ Other orthopedic impairment (including amputation, arthritis, back injury, cerebral palsy, spina bifida, etc.)

- G ☐ Respiratory impairment
- H ☐ Nervous system/Neurological disorder
- I ☐ Mentally restored
- J ☐ Mental retardation
- K ☐ Learning disability
- L ☐ Others (heart disease, diabetes, speech impairment)
- M ☐ Other (please specify)



|   |  |                                     |  |  |  |                                 |                         |
|---|--|-------------------------------------|--|--|--|---------------------------------|-------------------------|
| <b>APPLICATION FOR EMPLOYMENT</b><br>(SSN Voluntary, for Record Keeping and Data Processing Only)   |  |                                     |  | <b>STATE OF NORTH CAROLINA</b>   |  | Date of Application<br>MM/DD/YY |                         |
| Social Security Number<br>000-66-7667   |  | Last Name<br>O'Neel                 |  | First Name<br>Mona   |  | Middle Name<br>Gina             |                         |
| Address (Street number and name)<br>409 Galveston Court   |  |                                     |  | City<br>Cary   |  | County<br>Wake                  |                         |
| State<br>North Carolina   |  | Zip Code<br>27513                   | Phone (Home or where you can be reached)<br>(919) 460-8888 |  | Business Phone<br>(919) 855-3344   |                                 |                         |
| <b>Availability</b><br>Do you now work for the State of NC?<br>X <input type="checkbox"/> YES <input type="checkbox"/> NO   | Are you related by blood or marriage to any person now working for the State <input type="checkbox"/> YES X <input type="checkbox"/> NO<br>If yes, give name, relationship to you and the agency where employed. |                                     |  |  | If subject to Military Selective Service registration, certify compliance by initialing dotted line<br>..... |                                 |                         |
| <b>Military Service</b><br>Have you served honorably in the Armed Forces of the United States on active duty for reasons other than training? <input type="checkbox"/> YES X <input type="checkbox"/> NO<br>Do you wish to declare a service-connected disability? <input type="checkbox"/> YES X <input type="checkbox"/> NO<br>At the time of this application, are you the surviving spouse or dependent of a deceased veteran who died from service-related reasons? <input type="checkbox"/> YES X <input type="checkbox"/> NO<br>Do you wish to declare eligibility for veterans preference as the spouse of a disabled veteran? <input type="checkbox"/> YES X <input type="checkbox"/> NO<br>Give dates of your (or spouse's) qualifying active military service:<br>Entered: _____ Separated: _____ Branch: _____ Rank: _____<br>Are you a member of the Military Reserves? <input type="checkbox"/> YES X <input type="checkbox"/> NO Branch: _____ Rank: _____ |  |                                     |  |  |  |                                 |                         |
| <b>AGENCY USE ONLY: ELIGIBILITY FOR VETERAN'S PREFERENCE:</b> <input type="checkbox"/> YES <input type="checkbox"/> NO  |  |                                     |  |  |  |                                 |                         |
| CHECK the types of work you will accept: X <input type="checkbox"/> 1. Permanent full-time <input type="checkbox"/> 2. Permanent part-time <input type="checkbox"/> 3. Temporary full-time <input type="checkbox"/> 4. Temporary part-time<br><input type="checkbox"/> 5. Any of the preceding <input type="checkbox"/> 6. Work involving Travel X <input type="checkbox"/> 7. Shift or Split Shift Work<br>If you are not available for work now, enter the earliest date you could begin work (mo/day/yr.) <u>ASAP</u><br>Will you accept work anywhere in N.C.? <input type="checkbox"/> YES X <input type="checkbox"/> NO (If no, list below the counties in which you would be willing to work.)<br>1. Wake 2. Durham 3. Johnston 4. 5.  |  |                                     |  |  |  |                                 |                         |
| <b>Jobs Applied For</b><br>Enter below the specific title(s) of the job(s) for which you are applying. Please list no more than three on this application.<br>1. Processing Assistant IV 2. HCT Adult Admissions 3.   |  |                                     |  |  |  |                                 |                         |
| <b>Referral Source</b><br>Please indicate your referral source: <u>DHHS Vacancy Posting</u><br>If you were referred by the Employment Security Commission (Job Service) please indicate which local office: _____   |  |                                     |  |  |  |                                 |                         |
| <b>Education</b><br>Circle highest grade completed: 1 2 3 4 5 6 7 8 9 10 11 12 GED College 1 2 3 (4) Graduate School 1 2 3 4<br>Under S/Q Hrs., list the hours of credit received and if they were semester (S) or quarter (Q) hours.   |  |                                     |  |  |  |                                 |                         |
| Schools   | Name and Location  | Dates Attended (mo/yr)<br>From: To: |  | Grad?  | S/Q Hrs.   | Major/Minor Course Work         | Type of Degree Received |
| High School   | Norman Thomas, NY  | MM/YY                               | MM/YY  | YES <input type="checkbox"/><br>NO X <input type="checkbox"/>  |  |                                 |                         |
| College(s)<br>University (s)  | Durham Tech, NC  | MM/YY                               | MM/YY  | YES X <input type="checkbox"/><br>NO <input type="checkbox"/>  |  | Nursing                         |                         |
| Graduate or Professional  |  |                                     |  | YES <input type="checkbox"/><br>NO <input type="checkbox"/>  |  |                                 |                         |
| Other educational, vocational school, internships, etc.   |  |                                     |  | YES <input type="checkbox"/><br>NO <input type="checkbox"/>  |  |                                 |                         |
| Special training programs and seminars you have completed in the last five years (list):<br>CPR   |  |                                     |  |  |  |                                 |                         |
| If the job(s) applied for calls for specific courses, indicate those courses taken and credits received:  |  |                                     |  |  |  |                                 |                         |
| Current professional status: (List fields of work for which you have been registered)<br>Registration: <u>NC Division of Facility Services</u> State: <u>NC</u> No. <u>DFS992266</u><br>Registration: _____ State: _____ No. _____  |  |                                     |  |  |  |                                 |                         |
| Membership in professional, honorary, or technical societies (list):  |  |                                     |  | <b>DO NOT COMPLETE THIS BLOCK</b>  |  |                                 |                         |
|   |  |                                     |  | DEGREES AND PROFESSIONAL CREDENTIALS<br><input type="checkbox"/> Have been verified<br><input type="checkbox"/> Will be verified within 90 days (G.S. 126-30)<br>Person Responsible: |  |                                 |                         |

**Licenses and certifications (List, giving dates and sources of issuance):**

State of North Carolina Division of Facility Services MM/DD/YY

**SKILLS**

CHECK the following skills, experiences, etc., which you have:

|  |                |           |  |   |
|--|----------------|-----------|--|---|
| <input checked="" type="checkbox"/> Driver's License | <u>8306195</u> | <u>NC</u> | <input type="checkbox"/> Sign Language                                 | <input type="checkbox"/> Legal transcription        |
|  | Number         | State     | <input type="checkbox"/> Foreign language (specify) _____              | <input type="checkbox"/> Medical transcription      |
| <input type="checkbox"/> Chauffeur's License         | _____          | State     | <input checked="" type="checkbox"/> Adding Machine/calculator          | <input type="checkbox"/> Braille                    |
|  | Number         | State     | <input checked="" type="checkbox"/> Typing (specify WPM) <u>50 wpm</u> | <input checked="" type="checkbox"/> Word Processing |
| <input type="checkbox"/> Car for use at work         |                |           | <input type="checkbox"/> Shorthand/speedwriting (specify WPM) _____    | <input type="checkbox"/> Other _____                |

Have you ever been convicted of an offense against the law other than a minor traffic violation? (A conviction does not mean you cannot be hired. The offense and how recently you were convicted will be evaluated in relation to the job for which you are applying.) ☐ YES ☒ NO (If yes, explain fully on an additional sheet.)**WORK HISTORY** (include volunteer experience) Use Additional Sheets if Necessary

|   |   |  |  |   |
|---|---|--|--|---|
| Current or Last Employer:<br><b>Dorothea Dix Hospital</b> |   | Address:<br><b>820 Boylan Ave., Raleigh NC 27603</b> |  |   |
| Job Title:<br><b>Processing Assistant IV</b>              |   | Supervisor's Name<br><b>Sue Suez</b>                 | Telephone Number<br><b>733-0008</b>    | No. Supervised by you:<br><b>0</b>  |
| Date Employed (mo/yr)<br><b>MM/YY</b>                     | Starting Salary<br><b>\$ \$8.50 per</b> | Ending or Current Salary<br><b>\$10.00 per hr</b>    | Reason for Leaving<br><b>presently</b> | May We Contact Employer<br>YES <input type="checkbox"/> NO <input type="checkbox"/> |

|  |  |
|--|--|
| Date Separated (mo/yr)<br><b>N/A</b>                       | List major duties in order of their importance in the job:<br><b>Assist campus police, answers phones, enter information and data on computer. Assist general public, patients and staff with general information. Handle daily spreadsheet and other clerical duties.</b> |
| Full Time    Years    Months<br><b>x        3        8</b> |  |
| Part Time    Years    Months                               |  |
| If part time, number of hours worked per week:             |  |

|  |  |  |                                     |                                    |
|--|--|--|-------------------------------------|------------------------------------|
| Employer:<br><b>Rex Healthcare</b>                 |  | Address:<br><b>4450 Lake Boone Trail Raleigh, NC 27607</b> |                                     |                                    |
| Job Title:<br><b>Perinatal Tech/Unit Secretary</b> |  | Supervisor's Name<br><b>Missy Kruze</b>                    | Telephone Number<br><b>467-6194</b> | No. Supervised by you:<br><b>0</b> |
| Date Employed (mo/yr)<br><b>MM/YY</b>              | Starting Salary<br><b>\$ 8.04 per hr</b> | Ending or Current Salary<br><b>\$ 8.32 per hr.</b>         | Reason for Leaving<br><b>Family</b> |                                    |

|  |   |
|--|---|
| Date Separated (mo/yr)<br><b>MM/YY</b>                     | List major duties in order of their importance in the job:<br><b>Provided assistant to the nurses and patients in Rex's Family Birthing Center as well as performing secretarial duties such as transcribing doctors orders and charting entering and retrieving information on medical systems computer.</b> |
| Full Time    Years    Months<br><b>x        2        1</b> |   |
| Part Time    Years    Months                               |   |
| If part time, number of hours worked per week:             |   |

|                                       |  |  |                                     |                                    |
|---------------------------------------|--|--|-------------------------------------|------------------------------------|
| Employer:<br><b>Interim Health</b>    |  | Address:<br><b>4300 Six Forks Road Raleigh, NC 27609 Suite 120</b> |                                     |                                    |
| Job Title:<br><b>Health Care Tech</b> |  | Supervisor's Name<br><b>Catherine Jones</b>                        | Telephone Number<br><b>420-0336</b> | No. Supervised by you:<br><b>0</b> |
| Date Employed (mo/yr)<br><b>MM/YY</b> | Starting Salary<br><b>\$ 7.50 per hr</b> | Ending or Current Salary<br><b>\$ per</b>                          | Reason for Leaving                  |                                    |

|   |  |
|---|--|
| Date Separated (mo/yr)<br><b>MM/YY</b>                  | List major duties in order of their importance in the job:<br><b>Provides ADI duties to patients in a private or hospital environment.</b> |
| Full Time    Years    Months                            |  |
| Part Time    Years    Months<br><b>x        3</b>       |  |
| If part time, number of hours worked per week: <b>6</b> |  |

I certify that I have given true, accurate and complete information on this form to the best of my knowledge. In the event confirmation is needed in connection with my work, I authorize educational institutions, associations, registration and licensing boards, and others to furnish whatever detail is available concerning my qualifications. I authorize investigation of all statements made in this application and understand that false information or documentation, or a failure to disclose relevant information may be grounds for rejection of my application, disciplinary action or dismissal if I am employed, and (or) criminal action. I further understand that dismissal upon employment shall be mandatory if fraudulent disclosures are given to meet position qualifications (Authority: G.S. 126-30, G.S. 14-122.1.)

MM/DD/YY

Signature of Applicant (unsigned applications will not be processed)

Date

